



**Texas Specialty Underwriters, Inc.**  
 510 Turtle Cove Blvd., Suite 200  
 Rockwall, Texas 75087  
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## Liquor Liability Application

(COMPLETE IN ADDITION TO ACORD GENERAL LIABILITY APPLICATION)

Applicant's Name _____	
Mailing Address _____	
Location #1 _____	
Complete a separate application for each location.	

Agent Name _____	
Address _____	

**PROPOSED EFFECTIVE DATE:**

From \_\_\_\_\_ To \_\_\_\_\_  
 12:01 A.M., Standard Time at the address of the Applicant

LIMITS OF LIABILITY REQUESTED	
Each Common Cause	Aggregate
\$ _____,000	\$ _____,000

**PLEASE ANSWER ALL QUESTIONS**

**1. Type of risk:**

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Convenience/Grocery Store | <input type="checkbox"/> Bar/Tavern             | <input type="checkbox"/> Catering Service                 | <input type="checkbox"/> Special Event Vendor |
| <input type="checkbox"/> Package Store             | <input type="checkbox"/> Restaurant             | <input type="checkbox"/> Liquor Manufacturer/Microbrewery |   |
| <input type="checkbox"/> Night Clubs               | <input type="checkbox"/> Comedy Clubs           | <input type="checkbox"/> Gentlemen's/Strip Clubs          | <input type="checkbox"/> Casino               |
| <input type="checkbox"/> Wholesaler/Distributor    | <input type="checkbox"/> Other (Describe) _____ |   |   |

**2. Type of ownership:**     Corporation     Individual     Partnership     Other

**3. Have you ever been assessed a fine for violation of a law concerning the sale of alcohol, or had your liquor license suspended?**     Yes     No

If Yes, when and why? \_\_\_\_\_

**4. Name on liquor license** \_\_\_\_\_ **Type of liquor license** \_\_\_\_\_

**5. Square foot area of establishment** \_\_\_\_\_ **(Maximum Occupancy)** \_\_\_\_\_

**6. Premises within city limits?** -----  Yes     No

**7. Have all servers been through any server training (tips, tops)?** -----  Yes     No

**Type of course** \_\_\_\_\_  
**How often required?** \_\_\_\_\_ **Ride home policy?**  Yes     No

**8. Number of servers** \_\_\_\_\_

**9. How often does manager review liquor liability laws with employees (including penalties for serving intoxicated customers)?** \_\_\_\_\_

**10. Procedures in place regulating the sale of alcohol to minors or those under the influence?**  Yes     No

if Yes, describe: \_\_\_\_\_  
**How is age of customer verified?** \_\_\_\_\_

**11. Type of clientele:**     Area Residents     Area Workers     Tourists     College     Other \_\_\_\_\_

**12. Percent of clientele:**    Under 25 \_\_\_\_\_%    25-30 \_\_\_\_\_%    Over 30 \_\_\_\_\_%

**13. Type of area:**     Industrial or Commercial     Residential     Rural     Other \_\_\_\_\_

**Located on or near college campus?** -----  Yes     No

14. How many years has applicant been in business? \_\_\_\_\_

15. How many years has applicant been at this location? \_\_\_\_\_

16. How many days per week is location open? \_\_\_\_\_

17. What time does location close? \_\_\_\_\_ Hours of serving? \_\_\_\_\_

18. Is there a cover charge? \_\_\_\_\_  Yes  No

If Yes, what is the amount? \$ \_\_\_\_\_

19. Do you have "Happy Hour" or 2-for-1 drink specials?  Yes  No

Is last call announced? \_\_\_\_\_  Yes  No

Are customers allowed more than one drink at last call? \_\_\_\_\_  Yes  No

20. Are patrons allowed to BYOB (Bring Your Own Booze)? \_\_\_\_\_  Yes  No

**21. Security Activities:**

Bouncers  Doorman  Off Duty Police

Contracted Security Firms:  inside  outside  armed  unarmed

Any firearms kept or carried on the premises? \_\_\_\_\_  Yes  No

**22. Types of entertainment activities:**

Live Entertainment Type and how often? \_\_\_\_\_

DJ  Dance Floor Size \_\_\_\_\_  Juke Box

Pool Table(s) Number: \_\_\_\_\_

Electronic Games Type: \_\_\_\_\_

Mechanical Devices Type: \_\_\_\_\_

Other activities that would include patron participation (such as: wrestling, boxing, volleyball, etc.): \_\_\_\_\_

Special Promotions  Yes  No If Yes, describe \_\_\_\_\_

23. Estimated liquor receipts: \$ \_\_\_\_\_ Other receipts: \$ \_\_\_\_\_

24. Percent of receipts for on-premises consumption: \_\_\_\_\_%

25. Percent of receipts for off-premises consumption: \_\_\_\_\_%

26. Estimated food receipts: \$ \_\_\_\_\_

27. Percentage of liquor receipts to total receipts: \_\_\_\_\_%

28. Prior carrier: \_\_\_\_\_ Policy number: \_\_\_\_\_

29. Has applicant had any claims? \_\_\_\_\_  Yes  No

If Yes, give details: \_\_\_\_\_

**30. SPECIAL EVENTS:** (If GL also being written with liquor, include Special Event Application.)

Type and purpose of event \_\_\_\_\_

Describe entertainment if provided for event \_\_\_\_\_

Location of event (provide diagram of area when possible) \_\_\_\_\_

Attach a brochure/flyer; advertisement if available.

Hours of event \_\_\_\_\_ Daily attendance \_\_\_\_\_ Number of days \_\_\_\_\_

Is alcohol being served in a controlled or fenced off area? \_\_\_\_\_

Can alcohol be consumed away from the area where served? \_\_\_\_\_

Can alcohol be brought in by attendees? \_\_\_\_\_

Who will check ID's and when? \_\_\_\_\_

After ID's are checked, are wrist bands used or hand stamps? \_\_\_\_\_

Will there be professional bartenders? .....  Yes  No

If so, how many? \_\_\_\_\_

Is the applicant the sole vendor of alcohol? .....  Yes  No

If not, are all vendors required to carry liquor coverage?  Yes  No

**31. Manufacturer:**

Tours of Facility?  Yes  No

Free Samples given? .....  Yes  No

If Yes, how is quantity controlled? \_\_\_\_\_

**32. Distributor:**

Any Sponsored Events?  Yes  No

If Yes, describe: \_\_\_\_\_

Policy for giving away alcoholic beverages by Sponsor?  Yes  No

If Yes, describe: \_\_\_\_\_

**33. Caterers:**

Are clients/guests allowed to mix their own drinks?  Yes  No

Does caterer provide liquor or just bartending service? .....  Yes  No

**APPLICABLE IN THE STATE OF NEW YORK:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**FRAUD WARNING**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

I understand that Liquor Liability is a separate coverage part and the limits requested in this application apply solely to liquor liability coverage and may differ from the General Liability limits afforded in my commercial package policy.

I further understand that the Company is relying upon statements I have made in this application as an inducement to provide insurance for Liquor Liability coverage.

\_\_\_\_\_  
Named Insured Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Producing Agent Signature

\_\_\_\_\_  
Date

Agent Name \_\_\_\_\_ Agent License Number \_\_\_\_\_  
(Applicable to Florida Agents Only.)